E-Poster

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Case Report: Traumatic Brain Injury With Unusual Complication of Retinal Detachment

Topic: Health Conditions (Nervous System, Musculoskeletal System, Cardiopulmonary System)

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BACKGROUND

The retina, located at the back of the eye, converts light into signals sent to the brain for visual interpretation via the optic nerve. Retinal detachment is an emergency where the retina separates from its normal position, cutting off the blood supply that provides essential oxygen and nutrients. This disruption can lead to vision impairment and, if untreated, permanent vision loss. A macula-off retinal detachment occurs when a tear in the retina detaches the macula, leading to blurred vision, light flashes, and an increase in floaters.

This case discusses a 67-year-old male who, after a 15-foot fall from a second-story window, presented with a traumatic brain injury (TBI) and multiple other injuries. Notably, the patient developed a macula-off retinal detachment, an atypical complication of TBI, highlighting the varied outcomes of such injuries and the importance of rehabilitation in recovery.

CASE DESCRIPTION

The patient has a history of hypertension, type 2 diabetes, and alcohol use disorder. He was admitted on 7/23/24 after falling from a window while intoxicated. He sustained several traumatic injuries, including a left-parietal occipital laceration, brain hemorrhage, splenic laceration, flail chest with hemothorax, and left pulmonary contusion. His condition was complicated by acute kidney injury and acute respiratory distress syndrome (ARDS).

The patient's respiratory condition worsened, requiring intubation, but he improved with diuresis, fluid restriction, thoracentesis, and antibiotics, being extubated by 8/29/24. Due to impaired mobility, he was transferred to Palomar Health Rehabilitation Institute for intensive therapy.

On 9/7/24, the patient reported vision loss, and a macula-off retinal detachment was diagnosed. A follow-up with ophthalmology on 9/9/24 confirmed the need for surgery, which was scheduled for 9/23/24 after discharge from rehabilitation.

DISCUSSION

The patient's management involved stabilizing his traumatic injuries and addressing his respiratory failure. His rehabilitation, complicated by the retinal detachment diagnosis, included physical, occupational, and speech therapy, yielding functional gains. The retinal surgery scheduled post-rehabilitation is crucial for preserving his vision.

CONCLUSION

This case emphasizes the need for ongoing monitoring of TBI complications and the vital role of physiatrists in rehabilitation. It advocates for research on TBI-related issues and integrated rehabilitation strategies, highlighting the importance of adaptive care plans to improve patient outcomes.

Statement of Disclosures

None

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